

Wave Youth Ministry

17575 Euclid Street Fountain Valley California 92708 714-962-5412

www.waveuth.com

2011 –IN ORDER TO SKATE OR ROLLERBLADE YOU MUST DO THE FOLLOWING.

1. Completely fill out both sides of this registration form, have BOTH sides signed by a blood parent or legal guardian. We cannot accept signatures from friends, host-families, grandparents, aunts, uncles, stepparents, or other relatives because those signatures are not legally binding.
2. Meet grade/age policies. Parents/guardians, family and friends of skaters or blader are welcome to come and observe all our programs, but may not skate or rollerblade unless they are registered and meet the age requirements of that particular program. Those 18 must sign their own form.

Participant's
Last Name _____ First _____ M.I. _____ (Phone) _____
Birth Date ____/____/____ Age _____ Grade _____ School _____
Home
Address _____ City _____ State _____ Zip _____
E-mail Address (optional) _____

CORNERSTONE CHRISTIAN FELLOWSHIP/WAVE YOUTH MINISTRY ACKNOWLEDGMENT/ AGREEMENT/WAIVER/ ASSUMPTION OF RISK TO INDEMNIFY FOR MINORS AND ADULT PARTICIPANTS: I, the undersigned, (hereinafter

referred to as the "Undersigned") do agree to indemnify Cornerstone Christian Fellowship/Wave Youth (hereinafter "CCF/WY.") upon the reception of this CCF/WY extreme sports ministry / acknowledgment / agreement/waiver/assumption of risk agreement to indemnify (hereinafter referred to as the "Agreement") and hereby grant permission to the above named person to participate (hereinafter "Participant") in the extreme sports ministry of CCF/WY. (hereinafter "Wave Youth") subject to the following conditions, requirements and Agreement:

1. The Undersigned (parent/legal guardian of the above named Participant or the above named adult Participant) understands, acknowledges, and agrees that this Agreement applies whether the Participant in Wave Youth is an observer, a bystander, or an active participant, whether the activity is at the above stated premises, adjacent CCF/WY properties, or on an outing, including traveling to or from such activities.
2. I understand that the Participant must obey and respect all the Wave Youth rules and volunteers, CCF/WY pastors, staff, interns, (hereinafter "Staff") at all Wave Youth events.
3. The Undersigned understands, acknowledges, and agrees that skateboarding, BMX, in-line skating, and other extreme sports are dangerous and can result in injury, death or personal property damage, and is fully aware of the risks and hazards inherent to such activities and hereby enrolls voluntarily the Participant, knowing the present condition of CCF's/WY ramps, equipment, facilities, and property with full knowledge that the said condition may become more hazardous and dangerous at any time while the Participant is involved in/with Wave Youth.
4. The Undersigned hereby voluntarily assumes all risk of loss, theft, damage, injury, or death that may be sustained by the Participant and any damage to or theft/loss of his/her property while in Wave Youth and understands that various degrees of experience and skill are required for the different ramps and riding surfaces and agrees that it will be the Participant's sole judgment as to what the Participant will attempt to ride/do.
5. In consideration and upon the reception of this Wave Youth Agreement, the Undersigned hereby releases CCF/WY on behalf of the above named Participant, his/her heirs, assigns, and legal representatives from any and all liability for personal injuries or property damage/theft/loss or death arising out of the Participant's involvement, whether or not the said injuries, deaths, damages/losses/thefts were caused by the negligent care of the facilities, ramps, equipment, observation areas or by the Wave Youth Staff. The Participant and Undersigned agree never to sue any Wave Youth or CCF/WY Staff or entities in connection with any and all damages, losses, claims, demands, rights, actions, and causes of action of whatever nature whether injuries, death, or damages/losses/thefts to the property of the Participant.
6. The Undersigned agrees for himself/herself, and for his/her heirs and legal representatives to indemnify Wave Youth, its Staff, CCF/WY, its paid Staff, volunteers and attendees, against, and to save and hold harmless from any and all damages, actions, causes of action, claims, judgments, costs of litigation and attorney's fees, which may in any way and at any time result from the Participant's involvement in Sk8.
7. CCF/WY may immediately revoke this Agreement for any violations of any of its terms.
8. Under the penalty of perjury, the Undersigned does warrant to CCF/WY that all the information given on this registration form is true, current and accurate.
9. I as the parent/legal guardian of the Participant have read, and understand and consent to the terms above and to the minor becoming a Participant.

X _____ Date __/__/____ X _____ Date __/__/____

Parent/Legal Guardian Signature,
Signature

Skater/Biker Age 18 or Older/Adult Participant

Relationship to participant _____

**CORNERSTONE CHRISTIAN FELLOWSHIP / WAVE YOUTH MINISTRY EMERGENCY MEDICAL/DENTAL
RELEASE AND CONSENT AGREEMENT**

1. The Undersigned does hereby authorize Cornerstone Christian Fellowship's Wave Youth Staff to consent to IMMEDIATE FIRST AID MEDICAL CARE, any X-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care for the Participant (named on the reverse side of this form) which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medicine Practice Act or any dentist licensed under the Dental Practice Act, at any hospital, dental office, or elsewhere.

2. I understand that my insurance and/or my finances will cover any such treatment, and Cornerstone Christian Fellowship will not be liable whether or not I am insured.

3. I understand that the Participant will be taken to the below stated hospital (if specified) by car by Wave Youth Staff or Ambulance if a Wave Youth Staff person believes that the Participant may need medical/dental attention only when the incident occurs within the city limits of the Fountain Valley area. I understand that incidents, accidents, physical/medical, and dental emergencies which occur on retreats, camps, outings, trips, and activities outside the Fountain Valley city limits will be treated at a nearby hospital or medical/dental facility whether or not my insurance applies at such a facility and I assume total financial responsibility for payment of all such services.

4. It is understood that an effort shall be made to contact the Undersigned prior to rendering treatment to the Participant, but that any of the above treatment will not be withheld if the Undersigned is not reached.

5. I, the Undersigned do hereby authorize Cornerstone Christian Fellowship/Wave Youth to act as my agent in presenting this agreement to any qualified medical/dental practitioners and I will not hold Wave Youth liable for treatments rendered.

6. I also give permission for the authorized Wave Youth Staff to administer medication the Participant has to take. I will provide the authorized Wave Youth staff with this medication in the original container with specified written instructions on the container for its dispensing.

7. This authorization will remain effective whether the Participant is in route to or from, participating, observing, or standing by any program or activity of Cornerstone Christian Fellowship/Wave Youth unless previously revoked by the Undersigned in writing and delivered by registered mail to Cornerstone Christian Fellowship/Wave Youth.

8. I understand that it is my responsibility to inform in writing the Wave Youth Staff in the case that the Participant's information, insurance carrier, specified local hospital, or medical/physical condition changes.

1. Does the Participant have any allergies to medicine or medical/physical conditions which the Wave Youth Staff or medical/dental professionals should be aware of?

☐ Yes. Please explain. _____

☐ No.

2. Does the Participant have medical insurance?

☐ Yes. ☐ No. Insurance Co. _____ Policy # _____

3. Fountain Valley hospital (open 24 hours/ where participants insurance is accepted.)

☐ Any Local Hospital

☐ Specific Local Hospital

4. Emergency contact other than parent/legal guardian:

Name _____ Phone () _____ Relationship _____

5. Under the penalty of perjury, the Undersigned does warrant to Cornerstone Christian Fellowship/Wave Youth that all the information given on this form is true, current and accurate.

6. I, as the parent/legal guardian of the Participant have read, understand and consent to the terms above and to the minor becoming a Participant.

6. I as the adult Participant have read, understand and consent to the terms above.

X _____ Date ____ / ____ / ____

Parent/Legal Guardian Signature

X _____ Date ____ / ____ / ____

Skater Age 18 or Older/Adult Participant

